

## ISSUE SLIP STAPLE AREA (for ad-

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TN	JCSFC	12 21 00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	9/14/00
1	10/13/00
2	11/13/00
3	12/13/00
4	1/13/01
5	2/13/01
6	3/13/01
7	4/13/01
8	5/13/01
9	6/13/01
10	7/13/01
11	8/13/01
12	9/13/01
13	10/13/01
14	11/13/01
15	12/13/01
16	1/13/02
17	2/13/02
18	3/13/02
19	4/13/02
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28	1/13/03
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33	6/13/03
34	7/13/03
35	8/13/03
36	9/13/03
37	10/13/03
38	11/13/03
39	12/13/03
40	1/13/04
41	2/13/04
42	3/13/04
43	4/13/04
44	5/13/04
45	6/13/04
46	7/13/04
47	8/13/04
48	9/13/04
49	10/13/04
50	11/13/04

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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